Initial Approval: January 14, 2015

## **CRITERIA FOR PRIOR AUTHORIZATION**

Banzel® (rufinamide)

**PROVIDER GROUP:** Pharmacy

**MANUAL GUIDELINES:** The following drug(s) require prior authorization:

Banzel® (rufinamide)

## CRITERIA for Lennox-Gastaut Syndrome (LGS) (must meet all of the following)

• Patient must be 4 years of age or older

- Patient must have a diagnosis of Lennox-Gastaut Syndrome
- Patient is receiving Banzel as an adjunctive treatment to at least one other anti-epileptic medication
- Must be prescribed by or in consultation with a neurologist
- Patient must not have Familial Short QT syndrome

**LENGTH OF APPROVAL: 12 months**